Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

0925-019 OP.S

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			10		S-2-		RA	RATE FE			RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASI	C FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			<i>O</i> minus 20= *		* C	. 0		9=		OR	X\$18=	0
INDEPENDENT CLAIMS			/ minus 3 = *		* 0	l	X4	2=		OR	X84=	9
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				+14	10=		OR	+280=	9
* If the difference in column 1 is less than zero, enter "0" in column 2						TO	TAL		OR	TOTAL	740	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SM	SMALL ENTITY			OTHER SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	IEST IBER OUSLY FOR	PRESENT EXTRA	R/	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CL AIM	=	X4	2=		OR	X84=	
	FIRST PRESE	NTATION OF M	OLTIPLE DEP	FEINDENT CLAIM			+14	10=		OR	+280=	
							T ADDIT	OTAL FEE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	_X\$	9=		OR	X\$18=	
	Independent	* NTATION OF M	Minus	***	T CL AIM	= -	X4	2=		OR	X84=	
<u> </u>	LIUO I PHESE	INTATION OF M	OLITE DEF	CINDEIN	CLAIN		+14	l0=		OR	+280=	
							ADDIT	OTAL FEE			TOTAL ADDIT. FEE	
	<u></u>	(Column 1)			mn 2)	(Column 3)	, .5511					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
	Independent	*	Minus	***	T CL AIM	=	X4	2=		OR	X84=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=									OR	+280=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OB	TOTAL	
	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											